

**Performance Report**

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| Name: | Estia Health Heidelberg West |
| Commission ID: | 3567 |
| Address: | 413-415 Waterdale Road, HEIDELBERG WEST, Victoria, 3081 |
| Activity type: | Site Audit |
| Activity date: | 26 November 2024 to 28 November 2024 |
| Performance report date: | 8 January 2025 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd Service: 2314 Estia Health Heidelberg West |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Estia Health Heidelberg West (**the service**) has been prepared by L. Malone, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to: 1. make decisions about their own care and the way care and services are delivered; and
2. make decisions about when family, friends, carers or others should be involved in their care; and
3. communicate their decisions; and
4. make connections with others and maintain relationships of choice, including intimate relationships.
 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives provided positive feedback about how consumer diversity and background is understood and respected by staff. Some described how consumers feel safe to be themselves, or express their individuality, at the service. Consumer care documentation reflected the information provided by consumers and their representatives regarding what is important or meaningful to the consumer. The service has a range of policies to support person-centred care, and all staff undergo training in culture and diversity.

Consumers and representatives provided positive feedback about staff’s understanding of their background, language, and cultural preferences, and described care and service delivery as culturally safe. Some staff working at the service share the same language or cultural background as consumers and consumers provided feedback that staff understand their customs and beliefs. The Site Audit report contains examples of how care is tailored in line with consumer cultural needs such as providing meals which align with cultural or religious needs or providing social support in the consumer’s preferred language.

Consumers were satisfied they are able to exercise choice in relation to the way their care and services are delivered. Some consumers provided examples of how meals and activities are provided in line with their preferences. Care documentation was found to include information about how the individual consumer prefers their care and services delivered, and the information was found to align with that provided during interviews. Staff described to the Assessment Team how they respect consumer’s choices noting they may change and the need to approach their daily tasks flexibly to ensure care and services delivered align with consumer’s choices and preferences.

Consumers and representatives confirmed consumers are supported to make choices, including choices which involve risks such as choices related to smoking, or declining medical or other professional recommendations. Staff support consumers in their choices through discussions about risk and safety strategies, and the service demonstrated effective processes of ensuring informed consent and documentation of these discussions.

Consumers confirmed they receive information in a way that is easy to understand and enables them to make choices. Some examples provided by consumers included daily menu, the activity calendar, monthly newsletters, and regular consumer meetings. The service has access to language interpreter services, a language translator application for written information and available cue cards to support verbal communication. Staff who speak the same language as consumers provide informal translation of information as needed. The Assessment Team observed a range of posters and noticeboards displayed around the service environment which provided information to consumers.

Consumers and representatives were satisfied consumer privacy is respected, and personal information is kept confidential. Staff demonstrated an understanding of practices required to maintain the confidentiality of consumer information. Paper-based files are secured in locked cupboards and electronic devices are password-protected. Handover meetings are conducted in a private space and computer screens are locked when not in use. There are policies and procedures in place to guide staff on the collection, management, use and disclosure of personal information.

I have considered the evidence, and I find Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e) and 1(3)(f) Compliant, therefore Standard 1 is Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and
2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.
 | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives described participating in assessment and care planning, and that planned care considers consumers’ needs and risks to their wellbeing. Consumer care documentation demonstrated consideration of risks including falls, weight loss and pressure injuries in assessment and care planning. Staff feedback in the Site Audit report demonstrates how staff understand consumer goals and risks related to their care and the supports planned to address these.

Consumers and representatives were satisfied assessment and care planning addresses the current needs, goals and preferences of consumers, including consideration of consumer end of life wishes. Staff described how they engage the consumer, their chosen representatives and medical practitioners in end-of-life assessment and care planning. The Assessment Team found care documentation to reflect the information provided by consumers and staff, and included information related to advance care directives and consultations with the consumer and other involved in care planning

Care documentation reviewed by the Assessment Team demonstrated the involvement of medical and nursing specialist care providers, hospitals and other external health providers in assessment and care planning. Evidence in the Site Audit report describes positive feedback from representatives about the way they are engaged in partnership in the assessment and care planning process and examples which describe consideration of the consumer’s medical and social support needs in assessment and care planning.

Feedback in the Site Audit report indicates that the outcomes of assessment and care planning are effectively communicated to consumers and representatives, and consumers are provided access to a written care plan. Staff described regular communication through written daily handovers and outcomes of assessment and care planning are documented in the service’s care management system.

The Assessment Team found consumer care plans provided evidence of regular scheduled assessment and care planning reviews, and of reviews occurring in response to identified changes in a consumer’s condition or circumstances. The examples in the Site Audit report describe prompt review of care planning in response to an acute presentation or change in condition, and that changes to care planning were made to meet the consumer’s changes health status.

I have considered the evidence, and I find Requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e) Compliant, therefore Standard 2 is Compliant.

# Standard 3

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| Personal care and clinical care |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:1. is best practice; and
2. is tailored to their needs; and
3. optimises their health and well-being.
 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:1. standard and transmission based precautions to prevent and control infection; and
2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.
 | Compliant |

Findings

Consumers and representatives were satisfied with the personal and clinical care delivered and confirmed it is tailored to consumer needs. Staff demonstrated an understanding of individual consumer’s care needs and preferences. The Site Audit report provides examples of wound care delivered in line with wound care plans, pressure relieving interventions, and consideration of nutritional status in wound healing. Examples related to pain management described prompt assessment, treatment of underlying causes of pain and regular review. Consumer feedback described prompt and effective pain management. The service monitors the use of psychotropic medications, and the use of these medications is regularly reviewed. The service demonstrated systems to identify and minimise the use of restrictive practices.

Consumers and representatives confirmed they are satisfied the care delivered to consumers is safe and effectively manages risks to consumers wellbeing. Care documentation and staff interviews provided evidence that risks to consumers such as unplanned weight loss, falls and risks related to skin integrity are identified and managed with appropriate strategies and that the effectiveness of strategies are monitored. The service has policies related to clinical risk and incident management, and protocols related to post falls management, weight management and pressure injury prevention to support staff to effectively manage high-impact, high-prevalence risks.

The service engages specialist palliative and medical services to support consumers nearing the end of life. Care documentation provided information about consumer needs, goals and preferences, and of regular monitoring and review of care. Consumer and representatives provided positive feedback about the processes to understand consumer’s needs, goals and preferences and the links to palliative care and other services provided.

Staff provided feedback about how they identify and report any changes in consumer conditions to ensure clinical deterioration is recognised and responded to promptly. Care documentation demonstrated appropriate actions such as prompt clinical assessment, communication with the consumer and representative and timely referral to specialist medical providers in the response to clinical deterioration to support consumer wellbeing. The service has policies and procedures which support timely identification, reporting and management of clinical deterioration.

Consumers and representatives indicated staff provide regular, effective communication regarding consumer care including when there are changes in consumer condition. Staff described how information is communicated with those who share care through a range of meetings, general practitioner visits, and communication with visiting health professionals and external services. Consumer care documentation contained detailed information including reports from external services and handover documentation identified risks associated with consumer’s care.

Consumers are referred to a range of external health providers and organisations such as allied health professionals, mental health services and medical specialists. Staff described referring consumers to general practitioners, a dietitian, podiatrist, and physiotherapists, and that medical services are available after hours for urgent medical referrals. Care documentation reviewed by the Assessment Team demonstrated the timely engagement of a range of providers and that recommendations were implemented into consumer care.

Consumers and representatives were satisfied with that the service minimises infection-related risks and provided examples such as screening visitors and staff for signs of infection at entry, and promptly managing infections. The service monitors the use of antimicrobials in the management of infections and maintains centralised registers evaluating the effectiveness of antimicrobial treatments to support best practice use. The service has Infection Prevention and Control Lead (IPC Lead) who conducts internal audits of infection control practices and delivers relevant staff training.

I have considered the evidence, and I find Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g) Compliant, therefore Standard 3 is Compliant.

# Standard 4

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| Services and supports for daily living |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:1. participate in their community within and outside the organisation’s service environment; and
2. have social and personal relationships; and
3. do the things of interest to them.
 | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives were satisfied the services and supports delivered optimise consumer independence, well-being and quality of life. Care planning documentation provided comprehensive information about consumer’s life story and their preferences for social support and activities of daily living. Staff understood individual consumer’s preferences and the activities they like to participate in.

Consumers and representatives provided positive feedback about the psychological, emotional and spiritual services and supports. Staff described how they identify when consumers need additional emotional support or require referral to an external psychological or counselling service. Consumer care documentation provided information to enable staff to understand consumer needs and support their emotional wellbeing.

Staff described how they encourage participation in the internal and external community through a range of activity programs developed with consumer input. Consumers and representatives described a range of opportunities participate in the community or activities of interest including live entertainment and community bus trips. Consumers described feeling supported to pursue their own interests or enjoying social interactions and friendships with other consumers. The site audit report describes a gardening and companionship program between staff and consumers and the Assessment Team observed consumers participating in a range of group activities such as trivia and live entertainment.

The Assessment Team received positive feedback from staff and consumers and representatives about the effectiveness of communication. Staff said they are informed of any changes to a consumer’s condition or support needs, and regular reviews of consumers’ needs and preferences in activities of daily living are undertaken. Consumers and representatives were satisfied they are kept informed of the consumer’s condition, and that the service communicates effectively.

The Site Audit report provides evidence of timely and appropriate referrals to other providers of care and services. Consumer care documentation and other referral resource information demonstrated engagement of a range of providers such as art programs, counselling services, community clubs and social programs.

Consumers were satisfied the meals provided are of suitable quality and quantity and confirmed they are able to provide feedback about the meals and meal service. Staff described offering alternatives to meet consumer preferences and dietary or cultural needs. The service incorporates consumer feedback into menu options and the menu is reviewed by a dietician. The Assessment Team observed consumers receiving their meals service in line with their preferences.

The Site Audit report describes a range of mobility equipment, seating and pressure relieving equipment available for consumers, and staff confirmed they have access to the equipment they need, and it is well-maintained, clean and suitable. Staff described their responsibilities in reporting any equipment faults to maintenance staff and ensuing equipment is clean and suitable for consumers.

I have considered the evidence, and I find Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e), 4(3)(f) and 4(3)(g) Compliant, therefore Standard 4 is Compliant.

# Standard 5

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| Organisation’s service environment |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.
 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives provided positive feedback about the service environment; they confirmed it is welcoming and easy to navigate, and that consumers are encouraged to personalise their rooms. The service environment was observed to be interactive with consumers and visitors socialising in communal areas, and the service has clear signage to support wayfinding, and consumer’s rooms were personalised with photos, paintings and other furnishings.

Consumers were satisfied with the cleanliness of the service environment and confirmed maintenance requests are attended to promptly. Consumers confirmed they can move freely inside and outside the service, with doors to outside courtyards remaining open during the day. Staff described how the identify and report maintenance issues and documentation reviewed by the Assessment Team demonstrated prompt attendance to maintenance issues particularly those which pose a risk or hazard to consumers. Staff described their responsibilities in ensuring a clean and clutter free environment which allows consumers to move freely and safely. The Assessment Team observed the service environment to be clean and consumers to be moving freely indoors and outdoors.

Consumers and representatives were satisfied furniture, fittings and equipment are kept clean and in good working order. Staff said they have access to the equipment they need and described systems to report faults or maintenance issues, and that equipment is safe. The service demonstrated it adheres to a schedule of preventative maintenance and documentation indicated this was completed and up to date.

I have considered the evidence, and I find Requirements 5(3)(a), 5(3)(b) and 5(3)(c) Compliant, therefore Standard 5 is Compliant.

# Standard 6

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| Feedback and complaints |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives indicated they are encouraged and supported to provide feedback and make complaints. The service receives feedback via feedback forms, email, and consumer and representative meetings, and through direct conversations with consumers and representatives. Feedback forms are available in a range of languages and were available to consumers and representatives, and the service has ways for feedback to be submitted anonymously.

The Assessment Team observed information about advocacy, language and external avenues for complaints on display throughout the service environment. Consumers and representative were aware of these services and how to access them. Management and staff described how they would support a consumer who required assistance to raise a complaint. The Assessment team noted that a visit from a consumer advocacy service occurred during the site audit for the purpose of informing consumers about the type of support available.

Consumers and representatives were satisfied that appropriate actions are taken in response to their feedback and complaints. Management ensures complaints are appropriately responded to and described collaborating with consumers to find satisfactory resolutions. Staff said they had participated in open disclosure training and described how it applies to their practice. Feedback and complaints documentation reviewed by the Assessment Team provided evidence that consumer complaints are acknowledged, and effective actions are taken to rectify consumer’s concerns.

Feedback and complaints documentation, as well as the service’s plan for continuous improvement provided evidence of consumer feedback used to identify and inform improvement opportunities. Management provided examples of several improvements made as a result of consumer feedback including to meal service, the activity schedule and planned bus outings, and personalised signage for consumer’s rooms.

I have considered the evidence, and I find Requirements 6(3)(a), 6(3)(b), 6(3)(c) and 6(3)(d) Compliant, therefore Standard 6 is Compliant.

# Standard 7

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| Human resources |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives provided positive feedback about the care consumers receive and were satisfied with the number and mix of staff available. The service demonstrated processes to monitor the effectiveness of the workforce deployed such as through monitoring call bell response times and ensuring unplanned leave is adequately covered. Staff interviewed by the Assessment Team said they are adequately resourced to provide care and services which meet the consumer’s need and preferences and is safe and effective.

Consumers described staff interactions as kind or caring and this was observed by the Assessment Team during the site audit. Staff spoke respectfully of the consumers and were familiar with their individual needs, background and culture. Staff who share a common language with consumers communicate in the language consumers prefer, which management described as important to relationship building and respectful care.

Consumers and representatives were satisfied staff know what they are doing, and that they have the skills to provide quality care such effective management of time-sensitive medications, safe manual handling skills. The service monitors staff compliance with annual professional registrations, qualifications and have processes to ensure competencies are maintained. The service’s onboarding process incorporates relevant training such as hand hygiene, safe use of personal protective equipment and emergency procedures, and newly recruited staff are supported by more experienced staff during onboarding.

Staff described receiving a range of relevant training opportunities such as in the Serious Incident Response Scheme (SIRS), minimisation of the use of restrictive practices, and prevention of elder abuse. The service modifies the training program or provides additional training to meet the individual clinical needs of consumers. Opportunities for training and development are identified through staff and consumer feedback, incidents, and internal audit results. The service demonstrated effective systems to ensure the workforce is up to date with mandatory training and that staff participation and the effectiveness of training delivered is monitored.

The service has policies and procedures in place regarding staff performance and disciplinary matters. Staff confirmed they participate in annual scheduled performance reviews and described it as an opportunity for self-evaluation and to identify training opportunities. The Assessment Team reviewed a range of staff materials and resources which included information about their responsibilities, expectations of practice, service values and the code of conduct. The service has defined processes to manage staff underperformance and investigate adverse incidents and feedback related to staff performance.

I have considered the evidence, and I find Requirements 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d) and 7(3)(e) Compliant, therefore Standard 7 is Compliant.

# Standard 8

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| Organisational governance |  |
| Requirement 8(3)(a) |  Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:1. information management;
2. continuous improvement;
3. financial governance;
4. workforce governance, including the assignment of clear responsibilities and accountabilities;
5. regulatory compliance;
6. feedback and complaints.
 | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. supporting consumers to live the best life they can
4. managing and preventing incidents, including the use of an incident management system.
 | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:1. antimicrobial stewardship;
2. minimising the use of restraint;
3. open disclosure.
 | Compliant |

**Findings**

Consumers and representatives confirmed they are involved in the development and delivery of services through consumer meetings and consumers described feeling like their suggestions are valued. Management described other methods of consumers engagement such as through surveys, feedback and informal conversations, and provided examples of consumer suggestions which had been implemented into activity planning and improvements to the service environment and gardens.

The Assessment Team found evidence of effective communication, systems or oversight and management accountability to ensure care and services delivered are safe and inclusive. The organisation has a range of policies, procedures and work instructions to support operations and staff practice, and the governing body is kept informed of key performance indicators such as clinical incidents, risks feedback and other quality indicators through a range of governance committees who maintain oversight of care and service delivery. The service demonstrated improvements that the governing body has been actively involved with such as actions to prevent pressure injuries and to improvements to the service’s medication management system.

The service has effective organisation wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Staff were informed of the policies relevant to their practice and knew how to access these. Some staff described how the training they receive informs them of their regulatory responsibilities such as those related to mandatory reporting. Opportunities for improvement are identified through consumer feedback, internal audits, clinical incident data, and consumer focused discussions and meetings. The service ensures policies and practice meet legislative requirements through monitoring any changes at the senior management level and communicating these across the organisation.

The site audit report presents evidence of a risk framework which supports the effective identification and management of high-impact and high-prevalence risks and ensures actions are taken to prevent risk at the organisational level. Risks are monitored by senior management and the governing body through capture and analysis of incident data. Management are responsible for ensuing incidents reportable under the Serious Incident Response Scheme and documented, prioritised and reported appropriately, and documentation reviewed by the Assessment Team demonstrated timely and accurate reporting.

The service has a clinical governance framework which includes antimicrobial stewardship, the minimisation of restrictive practices, and the use of open disclosure in the response to clinical incidents. Staff described best practice principles and confirmed they receive relevant training which enables them to understand their responsibilities. The Assessment Team reviewed documentation such as medication and risk registers and individual consumer care documentation to demonstrate processes of informed consent, regular monitoring the effectiveness of clinical care and multidisciplinary approaches to clinical care to optimise safety and quality. The service’s IPC Lead has responsibilities related to the implementations of safe and quality infection management practices including antimicrobial stewardship.

I have considered the evidence, and I find Requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e) Compliant, therefore Standard 8 is Compliant.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)